



# Spring/Summer 2022 Adult Softball League

## GENERAL INFORMATION

- The Summer Season begins the week of Sunday, May 15, 2022
- League consists of a minimum of 10 scheduled games including playoffs.
- Players who do not have a team may contact us at (310) 972-7760 to be put on the free agent list. You are not guaranteed to be placed on a team
- **Resident teams and Non-Resident teams.** Resident teams have a one week priority registration period. Resident teams must have 75% of their players living in the City of Torrance (complete roster on back). Teams Sponsored by a Torrance Business **MUST PAY 100% OF THE FEE ON A COMPANY CHECK TO GET THE RESIDENT RATE**
- Full refunds will be issued only if the league is cancelled.
- Games are played at Wilson Park - 2200 Crenshaw Blvd.
- League divisions (team placement) are determined by the League Director.
- League rules, schedules, standings are posted online at <https://www.torranceca.gov/our-city/recreation/adult-sports/softball>
- All players must be 18 years or older to play. No exceptions.
- **Zoom manager's meeting will be held Wednesday 5/11/22, 7:00 P.M.**

## REGISTRATION DATES

Resident team (Walk-In/Fax) registration begins:	Monday, April 11, 2022 (8am-5pm)
Non-Resident team and online registration begins:	Monday, April 18, 2022 at 8:00 a.m.
All registration ends:	Wednesday, April 27, 2022 at 5:00 p.m.

## **\*\*FEES** (All fees include the cost for Umpires)

Resident Team Fee:	\$625.00	Non-Resident Team Fee:	\$645.00
Sunday Afternoon Fee:	\$565.00 Resident	Sunday Afternoon Fee:	\$585.00 Non-Resident
Big Ball Team Fee:	\$535.00 Resident	Big Ball Team Fee:	\$555.00 Non-Resident

## REGISTRATION OFFICE INFORMATION

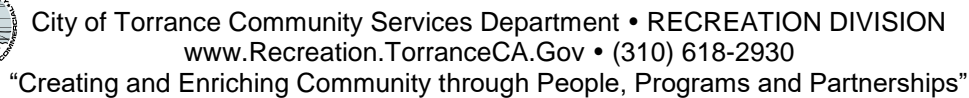
**Hours:** Monday through Thursday, and alternating Fridays 8:00 a.m. to 5:00 p.m.

**Online:** Team manager must create an account online. Online registrants will be considered non-resident teams. A surcharge (Non-Refundable) will be added to all credit and debit card transactions. For current rates please call the Registration office. Info at [www.ClassSchedule.TorranceCA.Gov](http://www.ClassSchedule.TorranceCA.Gov)

**Fax:** (310) 781-7598 Faxed registrations will be processed as time permits.

**Walk-in/Mail:** City of Torrance Community Services Department. Attn.: Registration Office  
3031 Torrance Boulevard  
Torrance, CA 90503

**Payment methods:** Check, cash, money order or credit card (Visa, MasterCard, American Express or Discover). Please do not mail cash. Checks and money orders should be made payable to the "City of Torrance."



## TEAM STATUS

Circle one:	Resident (75%)	Resident (Sponsor)			Non-Resident		
Circle one:	Men's	Big Ball (Wednesday only)			Coed		
Circle one:	Sunday Afternoon	<b>Sunday</b>	Monday	<b>Tuesday</b>	Wednesday	<b>Thursday</b>	Friday
Circle one:	New team	Returning team					

## CONTACT INFORMATION

THIS SEASON'S TEAM NAME: \_\_\_\_\_

LAST SEASON'S TEAM NAME: \_\_\_\_\_ DIVISION: \_\_\_\_\_

TEAM MANAGER'S NAME: \_\_\_\_\_

Last                      First

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

For more information, please call (310) 618-2935 or email [JesusCastro@TorranceCA.Gov](mailto:JesusCastro@TorranceCA.Gov)

## METHOD OF PAYMENT

☐ CHECK      ☐ VISA      ☐ MASTERCARD      ☐ American Express      ☐ Discover

CREDIT CARD #: \_\_\_\_\_ CVV \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ I authorize the use of my credit card in the amount of: \$ \_\_\_\_\_

Print name as it appears on card:\_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_

***A surcharge will be added to all credit and debit card transactions***

For Office Use Only. Receipt Number: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ Staff \_\_\_\_\_

*The City of Torrance does not allow team names that may carry connotations offensive to good taste and decency, including, but not limited to, team names that contain profanity and/or actual or perceived inappropriate remarks, jokes, slurs or innuendos regarding gender, race, religious creed, sex, national origin, ancestry, disability, medical condition, marital status, age or sexual orientation.*